PARENT RESOURCE GUIDE

Childhood Bipolar Disorder & Depression

Helping children who have trouble controlling their mood, emotions, and temper.

The information in this guide is drawn from the clinical expertise of Dr. John Carosso, Psy.D. and Dr. Robert A. Lowenstein, M.D., current research findings, and authoritative sources including the DSM-5 and the National Institute of Mental Health. It is intended for informational purposes and does not replace a professional evaluation.

Can Children Have Mood Disorders?

Historically, it was believed that only adults experienced mood disorders like depression and bipolar disorder. We now know that children can experience significant depression and, in some cases, manic episodes. However, these conditions often present very differently in children than they do in adults — making accurate diagnosis especially important.

Understanding Depression in Children

Depression in children is characterized by persistent sadness, low energy, sleep disturbances, appetite changes, reduced interest in activities, and poor school performance. A key distinction:

> **In children, depression may present primarily as irritability and behavioral challenges rather than overt sadness or low mood — making it easy to mistake for defiance or a behavior disorder.**

Depression in children may also include:

- Sleep problems — difficulty falling asleep, restless sleep, or sleeping too much
- Changes in appetite — eating too much or too little
- Withdrawal from friends and activities previously enjoyed
- Difficulty concentrating or performing in school
- Suicidal thoughts (requires immediate professional attention)

Understanding Bipolar Disorder in Children

Bipolar Disorder (formerly called Manic Depressive Disorder) involves swings in mood between two 'poles' — periods of depression and periods of elevated or irritable mood (mania). The condition affects less than 2% of children and is more commonly diagnosed in teenagers and adults.

Signs of Bipolar Disorder in Children

- Severe, frequent mood swings far beyond typical childhood tantrums
- Explosive outbursts with destruction of property or self-injurious behavior
- Episodes lasting 30 minutes or more, occurring multiple times per day
- Elated or giddy mood; believes they have unlimited energy
- Little or no need for sleep

- Highly emotionally reactive; extreme irritability

> **Key diagnostic question: Is the child genuinely losing control of their emotions? If episodes are lengthy, severe, and triggered by minor events, professional evaluation is warranted. Journaling the frequency, duration, intensity, and triggers of each episode is extremely helpful.**

Bipolar in Teenagers

Teenagers with Bipolar Disorder tend to present more like adults — with distinct manic episodes, possible grandiosity, and in severe cases, paranoia or psychosis. Risky behaviors including reckless spending, substance use, and dangerous driving may emerge.

> **Suicidal thinking in adolescents with Bipolar Disorder is serious. If your teenager expresses suicidal thoughts, seek immediate professional help.**

Treatment Approaches

Medication

Several effective medications treat Bipolar Disorder in children and teens, including mood stabilizers such as Lithium and Depakote, and atypical antipsychotics such as Abilify and Seroquel. Antidepressants may be used adjunctively. All medication decisions should be made in close partnership with a Board Certified Child Psychiatrist.

Counseling and Family Therapy

Individual and family therapy are essential components of treatment. Goals include:

- Educating the family about the disorder and how to identify symptoms
- Developing skills to intervene effectively during episodes
- Keeping the family environment low-key, structured, consistent, and predictable
- Helping the child improve coping, insight, and trigger recognition through individual therapy
- Using behavioral approaches to manage difficult situations

Practical Strategies for Parents

During an Episode

- Remain calm and speak in a low, even tone — two out-of-control people never helps
- Do not yell, criticize, or remind of harsh punishments during a tantrum
- Pick your battles carefully — some are simply not worth a three-hour struggle
- Praise and reward self-control whenever you see it
- Use behavior charts — children love earning stickers and they boost motivation

Avoiding Power Struggles

Strong-willed children look for confrontation. Instead of butting heads:

- Offer choices rather than ultimatums
- Use humor to defuse tension
- Start a chore alongside your child to build momentum
- Tag-team with your spouse — take a break and let the other parent step in
- Walk away and address the issue later when both of you are calm

> **Journaling: We often ask parents to keep a journal of the child's behavior — tracking triggers, frequency, duration, intensity, and what calming strategies were effective. This information is invaluable during evaluation and treatment planning.**

Frequently Asked Questions

How do I know if my child's outbursts are 'just tantrums' or something more serious?

The severity and frequency are the primary determinants. It's not worrisome if a toddler has a tantrum once or twice a day and bounces back in seconds with distraction. However, if tantrums are severe — involving destruction of property or self-injury — occur multiple times daily, last 30 minutes or more, and began appearing consistently, that's when professional evaluation is warranted.

What is the relationship between Bipolar Disorder and genetics?

Bipolar Disorder is generally understood to be genetically inherited. A family history of Bipolar Disorder is an important diagnostic consideration. Depression has a more diverse set of causes — including a genetic component, but also environmental factors such as loss or trauma.

What about autism and mood disorders?

Many of the behavioral strategies for Bipolar Disorder also apply to children with autism. For children on the spectrum, it is additionally important to target sensory issues, address communication needs, and avoid social situations likely to cause frustration and emotional escalation.

Ready to take the next step?

Doctors Carosso and Lowenstein and our experienced team are here to help. Contact us to schedule an evaluation or to ask any questions.

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